

|                                                                                                                                                        |               |                                                                                                                                                                |         |                                                       |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------|---------|-------------|--|
| No. <b>C 182305</b>                                                                                                                                    |               | <b>Due no later than Mar 31, 2014</b>                                                                                                                          |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>    |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>1. Mailing Address: Correct in this box if needed.</b><br>CLEARWATER MEMORIAL PUBLIC LIBRARY FRIENDS, INC.<br>LANE MAYER<br>PO BOX 1813<br>OROFINO ID 83544 |         | KITTY C GEIDL<br>420 MICHIGAN AVE<br>OROFINO ID 83544 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                                |         | 3. <u>New</u> Registered Agent Signature: *           |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |               |                                                                                                                                                                |         |                                                       |         |             |  |
| Office Held                                                                                                                                            | Name          | Street or PO Address                                                                                                                                           | City    | State                                                 | Country | Postal Code |  |
| SECRETARY                                                                                                                                              | JANET MOSIER  | 231 SHASTA CIRCLE                                                                                                                                              | OROFINO | ID                                                    | USA     | 83544       |  |
| TREASURER                                                                                                                                              | LANE MAYER    | 320 DEN LANE                                                                                                                                                   | OROFINO | ID                                                    | USA     | 83544       |  |
| PRESIDENT                                                                                                                                              | KITTY C GEIDL | 294 BASHAW ROAD                                                                                                                                                | OROFINO | ID                                                    | USA     | 83544       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 182305</b>                                                                                          |               | 6. Annual Report must be signed.*<br>Signature: Lane Mayer<br>Name (type or print): Lane Mayer<br>Date: 02/27/2014<br>Title: Treasurer                         |         |                                                       |         |             |  |
| Processed 02/27/2014                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                      |         |                                                       |         |             |  |